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March 15, 2016

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**HARBOR-UCLA MEDICAL CENTER CAMPUS PRE-PLANNING  
PROJECT, AUTHORIZE THE DEPARTMENT OF PUBLIC WORKS  
TO EXECUTE CONSULTANT CONTRACTS, APPROVE  
APPROPRIATION ADJUSTMENT FOR CAPITAL PROJECT NO.  
67950  
(SECOND DISTRICT)  
(4 VOTES)**

**SUBJECT**

Approval of the recommended actions will approve an appropriation adjustment and revise the scope and project budget for the Harbor-UCLA Medical Center Campus Pre-Planning Project, and allow the Department of Public Works to proceed with Phase 2 of the Pre-Planning activities, which consist of additional site investigations, hazmat investigations, cost estimating, medical planning, medical equipment planning, programming, project phase planning and development, and Information Technology planning, and other Pre-Planning activities for the proposed Master Plan implementation project.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Find the proposed actions are not a project under the California Environmental Quality Act, or are exempt, for the reasons stated in this letter and the project record.
2. Approve the Director of the Department of Public Works to use approved as-needed consultant services to complete Phase 2 of the Pre-Planning activities, including site investigations, cost estimating, programming, medical planning and development, and other activities necessary for the next phase of the Harbor-UCLA Medical Center Campus Pre-Planning Project.

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

17 March 22, 2016

LORI GLASGOW  
EXECUTIVE OFFICER

3. Approve an appropriation adjustment of \$17.3 million in commercial paper proceeds to fund the Harbor-UCLA Medical Center Campus Pre-Planning Phase 2 activities.
4. Approve the revised project budget of \$19.9 million for the Harbor-UCLA Medical Center Campus Pre-Planning Project Phase 2, Capital Project No. 67950.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Approval of the recommended actions will approve an appropriation adjustment and authorize the Department of Health Services (DHS) and Department of Public Works (DPW) to proceed with Phase 2 activities of the Pre-Planning activities, including additional site investigations, hazardous materials investigations, cost estimating, medical planning, medical equipment planning, programming, project phase planning and development, and Information Technology planning, and other Pre-Planning activities as required by the Harbor-UCLA Medical Center (H-UCLA MC) Campus Pre-Planning Project.

### **BACKGROUND**

H-UCLA MC operated an average daily census (ADC) of 329 beds in Fiscal Year 2014-15. The current number of budgeted beds, for Fiscal Year 2015-16, is 373. H-UCLA MC provides much needed inpatient services to the South Bay community and is the only County of Los Angeles (County)-operated trauma center in the area. The operation of a full-service acute care hospital is integral to the continued provision of trauma services by H-UCLA MC. Based on data from the County Emergency Medical Services Agency, H-UCLA MC provided 12 percent of all trauma care in Los Angeles County in 2014. The loss of trauma services at H-UCLA MC would dramatically reduce the availability of these critical services.

The H-UCLA MC will no longer be able to operate as a licensed inpatient facility if its acute care inpatient tower and other essential buildings that provide inpatient services are not brought into structural compliance with the Alquist Hospital Facilities Seismic Safety Act (also known as Senate Bill 1953 or SB-1953) and its regulations by January 1, 2030.

The need to meet the State-mandated seismic standards that go into effect in 2030 is the driving force for the Master Plan. The existing hospital was designed in 1958 and opened in 1963. The physical plant not only does not meet the 2030 seismic standards, but is insufficient to deliver health care services in a manner that is operationally effective and efficient. Seismically upgrading the existing hospital to meet Senate Bill 1953 (SB-1953) requirements for the year 2030 would be cost prohibitive, adversely

impact patient care during construction and would not result in the improved operational throughput needed to meet the demands of the Affordable Care Act.

For the reasons stated above, in November 2010, the Board of Supervisors (Board) awarded a consultant services agreement to Perkins + Will to provide executive campus planning services for the development of the H-UCLA MC Campus Master Plan and a preliminary phasing plan to implement the improvements. The Master Plan was completed in June 2012.

On January 13, 2015, the Board established and approved \$2.6 million, funded from residual bond proceeds for Phase 1 of the H-UCLA MC Campus Pre-Planning Project, under Capital Project No. 67950 and authorized DPW to proceed with limited Pre-Planning and design services with Perkins + Will. Work done in the limited Pre-Planning first phase provided a preliminary strategy to replace the hospital and demonstrated that the necessary logistical activities to construct a replacement hospital tower by January 1, 2030, can be accomplished.

In order to accomplish the replacement of the hospital tower before the 2030 deadline, the project team has developed plans to move H-UCLA MC staff out of existing occupied bungalows and construct a building to free up land and allow space for construction of other buildings shown in the Master Plan. Shortly thereafter, a parking structure will need to be erected to support the immediate parking needs of employees, patients, visitors, and construction personnel. In anticipation of the new hospital tower, power upgrades for electrical power by Southern California Edison (SCE) and a new central plant building will need to be constructed. A temporary helistop will need to be erected prior to the construction of the new hospital tower. In addition, a new outpatient building is planned to meet the County's vision to deliver ambulatory services to its constituents. Staff parking is also planned to meet the ultimate parking needs for the campus and the existing hospital tower is to be repurposed. Finally, the west campus site is planned for a biotechnical research park.

The work as noted in this letter is a general description. The detailed phasing and planning is complex and requires the additional investigations and coordination with consultants and hospital staff to complete. At this point, only a conceptual phasing plan for the program has been completed.

### **The Campus Master Plan**

The 2012 Master Plan consists of a new acute care inpatient tower including various diagnostic and treatment services, three new outpatient treatment buildings, support buildings which include shops, central plant, parking structures, and utility distribution, open spaces, and a biotech/bioscience zone. The Master Plan organizes the campus into zones to improve land use and patient experience.

The focus of the plan is to develop a new inpatient tower, which is centrally located and is physically attached to the recently constructed Surgery/Emergency building. Upon completion of the new inpatient tower, the existing hospital tower is planned to be repurposed.

The Master Plan includes the construction of an ambulatory care complex that will consolidate ambulatory clinical and ancillary support services in a single central location on the campus. The current layout of ambulatory care services housed at both the hospital and outlying bungalows is inefficient, costly to operate, and inconvenient to patients. Currently, patients must navigate through multiple buildings across the 72 acre campus to obtain care.

It also includes the construction of three new parking structures to improve land use efficiency and to accommodate required parking spaces for the campus build out. They are planned strategically and located to provide convenient access for patient services to the campus services. Support buildings are planned to be located along 220th Street with a utility spine to service new campus buildings in an effective and cost/energy efficient manner.

The Master Plan includes energy-efficient mechanical equipment, water saving plumbing systems, fully insulated new buildings, site improvements, and landscaping to improve site access and to meet sustainability requirements.

### **Implementation of the Master Plan**

The H-UCLA MC Campus Pre-Planning Phase 1 activity is underway and will be completed in the second quarter of 2016. To provide space for the construction of the replacement acute care inpatient tower, a phasing plan was developed as part of this Pre-Planning effort. The project team is currently completing the assessment and mapping of existing above and underground utilities. A study has been completed to account for services and staff located in various buildings that are to be demolished to provide space for constructing the buildings proposed in the Master Plan. An exterior architectural design guideline is being developed to maintain a cohesive and integrated campus design.

Improving the utility infrastructure is a core component of the Master Plan. During the design of the H-UCLA MC Surgery/Emergency Replacement project, in 2008, it was determined that SCE's existing main electrical service is nearing its maximum capacity to meet the power demand for the H-UCLA MC campus. Meetings have been held with SCE and a study was completed by the consultant, which concluded that upgraded electrical service will be required to implement the Master Plan.

In addition, scoping documents for the first parking structure are being completed and make-ready plans and specifications are underway to enable site preparation to begin, if

the Board certifies a Final Environmental Impact Report and authorizes the proposed Master Plan project.

The cost to implement the complete campus Master Plan as originally developed, (Scenario A), is estimated to be \$2.3 billion, with scheduled final completion date in 2030. These costs, if financed using 30-year bonds, would result in annual debt services of approximately \$155.0–\$165.0 million, once fully phased in. Based on discussions with the Chief Executive Office (CEO) and DHS regarding the cost and long duration of the current Master Plan, the project team evaluated two additional scenarios and cost estimates.

Scenario B would reduce the size of the hospital to bring it more in line with both current operations and future anticipated demand. It accelerates the schedule to complete construction of the hospital and outpatient facilities earlier than the initial Master Plan and also retains the anticipated phasing plan. The three scenarios are shown below:

<i>Facilities Improvements</i>	<i>SCENARIO A (Original Master Plan)</i>	<i>SCENARIO B DHS/DPW Alternative</i>	<i>SCENARIO C DHS/DPW Alternative</i>
New outpatient building(s)	3 buildings (size to be determined) Complete 2030	2 buildings (size to be determined) Complete 2023	1 administrative support/mental health services building (131,000 square feet) Complete 2021
New acute care inpatient tower	450 beds Complete 2029	375 beds Complete 2027	375 beds Complete 2025
New central plant and support buildings	72,400 square feet	66,660 square feet (assumes smaller hospital)	66,660 square feet (assumes smaller hospital)
Three new parking structures	2,300 spaces	2,300 spaces	1,810 spaces
New retail spaces	125,600 square feet	106,760 sq. feet	106,760 sq. feet
Repurpose existing inpatient tower – use to be determined	234,000 square feet Complete 2032	117,000 square feet Complete 2030	N/A
Repurpose existing inpatient tower – for	N/A	N/A	234,000 square feet

Outpatient Services			Complete 2028
West campus site improvements	12 Acres	12 Acres	12 Acres
<b>Rough Order of Magnitude Cost</b>	<b>\$2.3 Billion</b>	<b>\$1.8 Billion</b>	<b>\$1.6 Billion</b>

The number of beds proposed in Scenario B is based on the hospital's current average daily census, number of licensed beds, and future expectations of inpatient demand. Nationally, as well as in California, inpatient bed demand is projected either to remain stable or decline due to the trend to hospitalize only the most acute patients. Better patient access to ambulatory care and reductions in patient re-admissions will keep inpatient bed demand stable.

Scenario C would reduce the scope of the Master Plan and, while retaining the inpatient tower, would eliminate two of the outpatient buildings and reuse the existing hospital tower to house all ambulatory care services. It would also reduce the size of supporting buildings and eliminate the repurposing of the existing hospital.

The project team is proposing an aggressive schedule to complete the replacement acute care inpatient tower because it is anticipated that there will be a rush by other hospitals to meet the SB1953 deadline as we gets closer to 2030. By awarding the design and construction contracts early, the cost of escalation, the competition for design services plan review by the Office of Statewide Health Planning Development (OSHDP) and for contractors bidding the projects can be minimized. The aggressive schedule will require that the project team to immediately ramp up to manage a very complex program with interconnected project phases.

Given the age of the campus buildings, the project team will need to begin assessing hazardous material in the various buildings on campus that are proposed for demolition and to develop plans and specifications to abate and dispose of hazardous materials prior to demolition. Soils investigations at the location for all the proposed buildings in the plan will need to be completed prior to any design work. An architect/engineer will be needed to complete the space/functional programs and develop conceptual designs for the new buildings. Finally, as the designs of the buildings become more defined, increasingly accurate cost estimates will be presented to the Board for funding approval.

### **Project Delivery Plan**

Implementing a Master Plan project, estimated to be \$1.6 to \$2.3 billion, will allow the County to provide business opportunities for numerous small, medium and large architect/engineer firms and contractors. The consultants and contractors will be given the opportunity to bid on these projects. The project team is investigating the use of a variety of project delivery methods such as job order contracts, pre-qualified low-bids, design-build, construction management-at-risk, and developer-financed project delivery to provide opportunities for contractors to deliver these projects to the County in the

most cost effective manner. At appropriate milestones of the program, outreach events will be scheduled to ensure that consultants, contractors, and other vendors will be informed regarding contracting opportunities. DPW proposes to budget and track the program by organizing the work into multiple projects. Each project will be a separate capital project. It is the intent of DHS, DPW, and CEO to return to the Board once the initial medical planning assessment is completed and preliminary cost data is developed to obtain approval prior to moving forward with the individual capital projects.

Conceptually, the proposed projects are:

- Administrative support and mental health building
- Outpatient building(s)
- Parking structures
- Central plant
- Acute care inpatient tower
- SCE electrical improvements
- Repurposed existing inpatient tower
- West campus site improvements

**Proposed Construction Delivery Contracts**

Each project will be bid separately and the goal is that various contractors will have opportunities to provide services for the different components of the program. This will provide greater opportunities and diversity for the contracting community by offering projects in phases or in some instances buildings within a phase.

**Proposed Pre-Planning Scope**

To develop and deliver a viable project, additional funding is required to develop a comprehensive Master Plan strategy.

The scope of work includes, but is not limited to the following activities; hazardous material testing and investigation; medical planning, programming and phasing of the project; utility tunnel design and coordinating with existing utilities; cost estimating, coordinating with SCE for new electrical service; information technology programming and coordination; geotechnical testing and investigation; as needed contract Architect/Engineer (A/E) Services; and detailed project planning that includes phasing, scheduling, and budgeting.

Executive Architect

The Executive Architect will guide and maintain the overall design intent of the medical campus since multiple architects will be working on individual phases or buildings. The Executive Architect will also be tasked to assist in detailed planning of the phases, construction contract strategy, assist coordinating with utility design standards companies, and may be asked to engage in programming or other activities as needed.

The project team is proposing that an Executive Architect for the implementation of the Master Plan be engaged to provide the space/functioning program required to design the various buildings on campus. The Executive Architect may provide design services for specific projects. Upon completion of a Request for Proposal, DPW will return to the Board to seek approval to award the Architectural/Engineering Services agreement for the Executive Architect. The services to be provided for the current scope are estimated to be \$4.0 million.

#### As-Needed Architect/Engineer Services

The as-needed A/E is required to provide design and construction documents for early make-ready work such as demolition and utility relocation. The timeline and phasing strategy, will require use of as-needed A/E contracts to meet the current target of 2025 completion of the replacement hospital. This consultant will be procured via previously-approved list of as-needed contracts and the services are estimated at \$1.5 million.

#### Medical Planning Consultant

The medical planner will develop the hospital's strategic and operational goals by completing bed demand analysis and medical planning. They would assist to develop final program scope. The consultant will participate in user group (heads of departments, specialists, etc.) meetings to collect statistical information and provide the County with a final report to be used for final space programming. This consultant will be procured via a Request for Proposal process and the monetary value of the services are estimated at \$1.0 million. DPW will return to the Board to seek approval to award the Medical Planning Consultant Services Agreement.

#### Move Planning Consultant

The Move Planner will coordinate staff relocations and is expected to work with the hospital to meet the hospital's needs and expectations. The Move Planner will coordinate furniture and equipment moves and communicate move strategies with Information Technology staff to ensure seamless move transitions. The Move Planner will also field complaints and troubleshoot move related problems. This consultant will be procured using previously-approved list of DPW as-needed consultant services contracts and the services are estimated at \$1.0 million.

#### Information Technology (IT) Consultant

The IT consultant will assist with design and planning for data and wireless network, voice over internet protocol and private branch exchange, security systems, audio and visual systems, fire alarm systems, Online Real-time Centralized Health Information Database (ORCHID) system, coordination with Information Technology (IT) service providers. This consultant will be obtained via previously-approved list of DPW as-needed consultant services contracts and the services are estimated at \$0.5 million.



#### Electrical Power Consultant

The power consultant will assist with coordinating with SCE to obtain upgraded power supply to the campus, overall design and planning of power management on campus and assist the County with reviews of electrical designs. The consultant will be responsible for knowing the overall design intent of the medical campus, much like the Executive Architect. This consultant will be obtained via previously-approved list of DPW as-needed consultant services contracts and the services are estimated at \$0.5 million.

#### Cost Estimating Consultant

The cost estimator will be responsible for providing conceptual and detailed cost estimates for all components and phases of the project. This consultant will also be responsible for reviewing all bids obtained on the projects and reconciling budgets costs against the contractor's cost. This consultant will also assist with assessing change order requests obtained from the contractors. This consultant will be obtained via previously-approved list of DPW as-needed consultant services contracts and the services are estimated at \$0.3 million.

#### Hazardous Material Consultant

The hazardous material consultant will conduct asbestos, lead, and universal waste surveys of approximately 75 buildings and soils throughout the 72 acre campus. This consultant will assist with setting the requirements for specifications and work plan broken down into each phase of construction in order to obtain proper documents from the contractors. This consultant will be responsible for compliance review of contractor submittals. This consultant will be obtained via previously-approved list of DPW as-needed consultant services contracts and the services are estimated at \$1.0 million.

#### Geotechnical Consultant

The geotechnical consultant will conduct geotechnical investigations and provide a geotechnical report for each construction phase. This consultant will be responsible for setting geotechnical parameters by which the designer can design building pads and foundations for the individual buildings. This consultant will also respond to requests for information from contractors. This consultant will be obtained via previously-approved list of DPW as-needed consultant services contracts and the services are estimated at \$1.5 million.

#### Additional Staff

To assist in developing these complex master planning components, additional staff is required, including an expert scheduler, cost controller, and document controller. The complexity and magnitude of the project will require an expert scheduler that can develop and maintain the overall schedule. This person(s) will assist County staff to analyze and modify many schedule scenarios and run risk simulation programs to assist

the County to select the best possible project delivery approach. DPW will utilize its previously-approved as-needed contracts to obtain these services.

The cost controllers will have a similar responsibility in developing, maintaining, reporting, and running risk simulations related to cost and budget. This consultant will analyze expenditures and will assist the County in maintaining the individual project budget as well as monitor the overall medical campus budget.

With many projects on campus, we may retain one or more document controllers, whose responsibility will be to develop and maintain file systems consistent for all projects. This person(s) will be responsible for filing and retrieving documents for the project managers.

To provide business opportunities for design professionals, we also propose to procure project-specific consultants to provide services for each project. These project-specific consultants will depend on the construction project delivery method selected for the project. If design-build is selected as the project delivery method for a project, additional opportunities will be made available for consultants to be on the design-build team. As noted above, DPW will return to the Board with recommendations for approval of project-specific contracts.

This additional staff is required to assist the team in making sound decisions to best meet the County needs and provide for the greatest opportunity for project success. This staff will be obtained thru a Request for Proposal process and DPW will return to the Board to seek approval to award contracts for these services. Costs for these services are estimated at \$6.0 million.

### **Recommendations**

We are seeking the Board's approval to continue with the next phase of the Pre-Planning effort by authorizing DPW to use previously executed as-needed consultant contracts for various required services. Approval by the Board will allow DPW to proceed with the proper planning and development of the H-UCLA MC Campus.

Although SB-1953 requires the County to construct a new hospital by January 1, 2030, the current plan is to complete the new hospital several years prior to the deadline. The project team plans to complete the hospital ahead of the 2030 deadline to avoid competing with other hospitals for OSHPD plan reviews, premium costs associated with competition to procure design and construction services, and extended medical equipment procurement times, due to the large number of hospitals that will be seeking to meet the SB-1953 deadline.

Upon completion of this proposed phase of planning work and at the time we seek approval of the Environmental Impact Report (EIR), DPW will return to the Board to

recommend establishment of project phasing identified in concept in this Board letter. We will provide more accurate programming documents cost estimates, project schedules, proposed methods of funding, phased implementation of the project, and recommend award of various consultant agreements for each phase of the program.

### **Implementation of Strategic Plan Goals**

The recommended actions will support Goal 1, Operational Effectiveness/Fiscal Sustainability, and Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The Board has previously approved on January 13, 2015, using \$2.6 million of residual Series 2010 Bond Proceeds from the H-UCLA MC SB-1953 Seismic Retrofit Project, for the Phase 1 of H-UCLA MC Campus Pre-Planning Project, for a feasibility study, including services such as subsurface mapping of existing utilities, development of a data-mapping tool, move management, development of architectural exterior design guidelines, preparation of scoping documents for the Phase 1 parking structure, and development of make-ready phasing plan and detailed move-management plan.

The current cost estimate for the Phase 2 of the H-UCLA MC Campus Pre-Planning Project is approximately \$17.3 million, for activities including hazardous material testing and investigation; coordination, medical planning, programming and phasing of the project; utility tunnel design and coordinating with existing utilities; cost estimating, coordinating with SCE for a new, more powerful service; information technology programming and coordination; geotechnical testing and investigation; detailed project planning that includes phasing, scheduling, and budgeting; and Public Works project management services. The approximate \$17.3 million increase in project budget will be funded with commercial paper proceeds which are being requested for Board authorization in this action. This action will not result in an increase in net County cost. Approval of the attached appropriation adjustment will provide sufficient funding for the Pre-Planning Phase 2 activities.

Upon completion of the programming, design-build scoping documents, environmental documentation in compliance with CEQA, and determination of the project budget, DPW will return to the Board to seek budget approval for a phased implementation of the project, including each outpatient building, each parking structure, the central plant building, the acute care inpatient tower, the SCE yard, the repurpose of the existing inpatient, the west campus site improvements, projects schedule, projects funding sources, and delivery methods. The Master Plan project cost estimate of \$1.6 billion to \$2.3 billion, if financed at current rates using long-term 30 year lease revenue bonds, would result in an estimated \$110.0 million to \$165.0 million annual debt service. Should these improvements, including the costs of the current Pre-Planning work

funded with commercial paper, be financed through short or long term debt proceeds, DHS will be responsible for the annual debt payments through their operating budget.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

DPW will be using as-needed consultant contracts previously approved by the Board for the Pre-Planning Phase 2 activities. DPW will return to the Board to seek authority to award and approve other consultant contracts, which will be later procured through a Request for Proposal process.

The CEO, DHS and DPW will return to the Board for approval prior to the award of any construction contract.

### **ENVIRONMENTAL DOCUMENTATION**

These recommended actions are not subject to the provisions of CEQA pursuant to the State CEQA Guidelines Code Section 15060(c) (3) as the activities are not a project as defined in CEQA Guidelines Code Section 15378. The proposed actions involve an administrative activity of government that does not have the potential for causing a direct or indirect physical change to the environment. In the alternative, these activities are exempt because they are feasibility and planning studies for possible future actions which the Board has not approved, adopted or funded pursuant to State CEQA Guidelines Section 15262.

In accordance with CEQA, an EIR is required to be completed in order to for the Board to adopt the project. DPW will return to the Board for consideration of the environmental document prior to award of any construction contract or other activity that would be a project under CEQA.

By approving these studies for future proposed projects, the County does not commit to or otherwise endorse, authorize, or approve any specific project. Any future recommendations on proposed project development remain subject to the Board's sole discretion to approve, disapprove or modify the proposed project and to consider factors that would accompany CEQA review or any other basis for decision.

### **CONTRACTING PROCESS**

DPW project management team will be managing multiple contracts for necessary pre-construction work. Some of these services will be procured via existing approved as-needed contracts and others will be procured via Request for Proposal, or best qualified bidder. DPW intends to use both design-bid-build and design-build delivery methods to complete final design and construction of the project.

**IMPACT ON CURRENT SERVICES**

Approval of the recommended actions will have no impact on current services or projects.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz".

Mitchell H. Katz M.D.  
Director

MHK:js

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Auditor Controller  
Department of Public Works

## COUNTY OF LOS ANGELES

## REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF CHIEF EXECUTIVE OFFICE

DEPT'S.  
NO. 060

February 23, 2016

## AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

## ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2015-16

4 - VOTES

SOURCESUSES

CPP-H-UCLA MEDICAL CAMPUS CAPITAL IMPROVEMENT FD  
H-UCLA Medical Center Pre-Planning Project (2)  
J25-CP-94-9276-65069-67950  
Rev: Commercial Paper Proceeds / CP \$ 17,300,000  
INCREASE REVENUE

CPP-H-UCLA MEDICAL CAMPUS CAPITAL IMPROVEMENT FD  
H-UCLA Medical Center Pre-Planning Project (2)  
J25-CP-6014-65069-67950  
Capital Assets-Building and Improvements \$ 17,300,000  
INCREASE APPROPRIATION

SOURCES TOTAL: \$ 17,300,000

USES TOTAL: \$ 17,300,000

JUSTIFICATION

Adjustment is required to fund current year expenditures for the phase 2 activities of the H-UCLA Medical Center Pre-Planning project offset by Commercial Paper Revenue.

**ADOPTED**

BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

# 17

MAR 22 2016

*Lori Glasgow*  
LORI GLASGOW  
EXECUTIVE OFFICER

*Chia-Ann Yen*  
AUTHORIZED SIGNATURE Chia-Ann Yen, Manager, CEO

REFERRED TO THE CHIEF  
EXECUTIVE OFFICER FOR ---

☐ ACTION

☒ RECOMMENDATION

AUDITOR-CONTROLLER

BY

B.A. NO. 145

*Landon*  
March 1 20 16

☒ APPROVED AS REQUESTED

☐ APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY

*Chia-Ann Yen*  
March 2 20 16